

Application for Commercial Razor Clam License for Detached Willapa Spits for the Year _____

Department Use Only	
License Number	Card #
License Type	Payment Receipt
Resident	
Non-Resident	
Total Fee	
Reg. #	

License Owner Information							
Last Name		First Name			Initial		
Permanent Street Address							
Mailing Address							
City		State			Zip Code (+ four)		
Birthdate / /	Sex	Hair	Eyes	Weight	Weight	Permanent Phone ()	
Company You Are Digging For					DOH Certificate Number (required)		
Company You Are Digging For					DOH Certificate Number (required)		
Social Security Number (required)							
<p><input type="checkbox"/> I have been a resident of Washington for the previous 90 days and am not licensed as resident in any other state.</p> <p><input type="checkbox"/> I am not a resident of Washington State.</p> <p>I hereby certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. Providing false information may invalidate this license.</p> <p>_____ Signature of License Owner (Date)</p> <p>Signed at (Place) _____</p>							

Make fees payable to State Treasurer
License will expire December 31st of Issuance Year

Mail Applications Directly to:
 Department of Fish and Wildlife
 License Division
 600 Capitol Way N
 Olympia WA 98501-1091

Office Location:
 1111 Washington St. S.E. Olympia WA
 Phone Number: (360) 902-2464 *TDD (360) 902-2207
 Fax (360) 902-2945

This is a public document. Please be advised that the information submitted may be shared with other government agencies.

Notification Clause

The Washington Department of Fish and Wildlife receives federal financial assistance through the federal aid in fish and wildlife restoration acts. Any person who believes they have been discriminated against because of race, color, national origin, age or handicapping condition in a program, activity, or facility operated by the department, should write to: USFWS, Department of Interior, 18th & C Streets NW, Washington DC 20241. The complaint must include your name, address, phone number, date of incident, and reason you believe you have been discriminated against.